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STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
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MICHAEL F. KELLY
COMMISSIONER

JAY BRADSHAW, EMT-P
DIRECTOR

Board of EMS Meeting
Maine EMS Conference Room
February 4, 1998
MINUTES

Members Present: J. Fields (Chair), J. McKenny (Chair-Elect), L. Bouchard, R. Doughty, W. Dunwoody, S. Leach, J. Defillip, C. Little

Staff: J. Bradshaw, J. Lebrun, D. Carroll, D. Corning, D. White, W. Montejo, W. Zito

Guests: Terry and Lois Cowan, Cam Martin (Auburn Fire/MPA), Raymond and Rebecca Davis

1. Minutes

MOTION: *To approve the minutes of the December 3, 1997, Board meeting as distributed (Dunwoody; second by Little). Carried.*

2. Introductions

Rebecca Davis, Raymond Davis and Cam Martin introduced themselves and were welcomed by J. Fields. The Board members in turn introduced themselves.

3. Board Resolution

J. Fields asked fellow Board members if they felt it would be in order to issue a resolution of commendation to the many EMS providers who provided services during the January ice storms. Consensus was to adopt the following resolution:

"The Maine EMS Board, through unanimous resolution, acknowledges and expresses its gratitude to all EMS personnel who assisted their communities during the ice storms of January 1998."

These dedicated professionals, both volunteer and paid, demonstrated their extraordinary commitment to their local communities, the State of Maine, and their profession through their efforts.

The Maine EMS Board both recognizes and commends their actions."

4. Old Business

A. *EMS/TC Task Force*

J. Fields reported that he has still not heard from Dick Willis since the October meeting. He will be continuing his efforts to follow-up with Mr. Willis.

B. *Reengineering Service License - Update*

J. Bradshaw reported that at their January meeting, the MDPB discussed the objective criteria that will be used for medical control endorsement of service applications. With this information, the Reengineering Work Group will be meeting on February 11 to continue their work.

C. *Strategic Planning Draft*

J. Fields asked that Board members review the latest draft of the revised Strategic Plan and Objectives. Consensus was that while there were some grammatical changes necessary, the draft was acceptable. The next step was to prioritize the Goals and then ask the Operations Team for their recommendations. The Board then went through a multi-voting process and identified the priorities as follows:

Goal One:

Provide for the delivery of quality patient care within the emergency medical system consistent with currently accepted standards of practice in a cost effective manner.

Objective:

By <date> develop a statewide performance improvement plan with identification of performance indicators.

Goal Two:

Ensure public awareness, confidence, respect and support for the EMS system.

1.By <date> determine the public's level of awareness, confidence, and respect for the EMS system.

2.By <date> improve by ___% the public's level of awareness, confidence and respect for the EMS system.

Goal Three:

Ensure adequate financial resources to support our mission.

Objectives:

1.Maintain at a minimum, current level of funding.

2.By June 1999, conduct an analysis of the cost of services provided at the state and regional level.

Goal Four:

Promote universal access to emergency medical care.

Objectives:

- 1.By <date> identify and remove technological barriers to public and provider access to EMS.
- 2.By <date> identify and remove educational barriers to public and provider access to EMS.
- 3.By <date> identify and remove geographical barriers to public and provider access to EMS.

Goal Five:

Eliminate preventable illness/injury within the community.

Objectives:

- 1.By July 1, 1998, begin to integrate EMS injury prevention activities with other local, regional, state, and national agencies.
- 2.By December 1999, identify morbidity and mortality incidence of preventable illnesses and injuries which generate EMS calls.

Goal Six:

Promote communications, teamwork and professionalism while fostering an environment of cooperation and facilitation.

Objectives:

- 1.By <date> establish management competency standards.
- 2.By <date> complete an assessment of EMS management educational opportunities and accessibility in the State of Maine.
- 3.By <date> assess current communications methods, identify opportunities for improvement/expansion, and develop a cost effective plan for addressing these areas.
- 4.By <date> plan for additional teamwork, communication, and customer service training for EMS providers.
- 5.By <date> identify opportunities to facilitate conflict resolution with the EMS system.

Goal Seven:

Provide for a safe environment and safe working practices.

- 1.By December 1999, identify morbidity and mortality incidence of preventable illnesses and injuries which originate as a result of an EMS call.
- 2.By <date> assess the EMS work and practice environment for threats to the health, safety, and well-being of EMS providers and develop a plan to remedy these areas.

MOTION: To approve the goals and objectives as drafted and prioritized, with the grammatical corrections made (Doughty; second by Leach). Unanimous

The Operations Team will begin inserting suggested dates where appropriate and report back to the Board in April.

D. Legislative Update

J. Bradshaw reported that; LD 607 (Sales Tax Exemption) was heard in Appropriations Committee and referred back to the Taxation Committee; LD 1729 (DNR) had a hearing in the Judiciary Committee and that MEMS submitted testimony in opposition to this bill; LD 597 has a work session scheduled for Thursday February 12. J. Fields asked Mr. & Mrs. Cowan if there was anything new from the Maine Paramedic Association regarding LD 597 and was told there was not. John then mentioned that at the request of the MPA, there would be a discussion with the Cowans following the Board meeting regarding issues they had raised previously.

The Board asked if there had been any action at the federal level regarding the changes to HCFA reimbursement as recorded in the Federal Register last summer. J. Bradshaw said that he had not heard an update in some time, but he will obtain a status report and update the Board at its next meeting.

E. Unfinished Business

None at this time

F. Other

None at this time

5. New Business

A. Operations Team/Committee Action Items

None at this time

B. Waiver Requests

D. Corning reviewed the Executive Summaries that were previously distributed to the Board. The first waiver request was from Rebecca Davis, RN, who is requesting a waiver of Section 6 (A)(5) to allow her to complete the necessary training and challenge the EMT-Critical Care license level.

MOTION: To approve the waiver request of Rebecca Davis, RN, for a period not to exceed 6 months from this date. (Little; second by Doughty). Unanimous

The next request came from Valerie Gray, RN, to waive Section 6 (A)(5) and allow her to complete the necessary training and challenge the EMT-Critical Care license level.

MOTION: In consideration of the fact that Ms. Gray started her application process prior to December 31, 1997, and has completed much of the required training, a waiver of Section 6 (A)(5) is granted for a period not to exceed August 1, 1998. (Little; second by DeFillip). Carried (7 in favor, 2 opposed; Leach, Dunwoody)

The final waiver request came from Bethanie Mercier, RN, to waive Section 6 (A)(5) and allow her to complete the necessary training and challenge the EMT-Critical Care license level.

MOTION: To approve the waiver request of Ms. Mercier for a period of no more than 6 months to allow her to complete the necessary training and testing for an EMT-Critical Care (Little; second by Doughty). Carried.

C. Rules Revision Process - Discussion

J. Bradshaw reminded members that at a previous meeting, it was suggested that the Board would be conducting Rules hearings during the spring of 1998. While there are some housekeeping and updating that needs to be done, a key component in the next revision will deal with issues that are currently under discussion in the service reengineering work group and the MDPB. Given the work that still needs to be done in these latter areas, it is more likely that any proposed Rules would not be ready until the fall of 1998. However, with regard to other areas, these will begin to appear on future Board meetings in order to move forward on the revision process.

Consensus was that this is an acceptable and appropriate plan.

D. Pleasant Point Paramedic Course

J. Bradshaw reported that he had received a letter from Mary Sappier to have their paramedic course approved by Maine EMS. The course, which started in December 1997, is using a combination of satellite and actual classroom teaching, clinical objectives, and field internships. The satellite course originates in Meade, South Dakota.

Maine EMS was originally contacted about this course last summer and advised the interested parties to submit a proposal and information about the class, neither of which was received. They were also instructed to coordinate their program through Northeast EMS as specified in the Rules, which also did not happen.

Copies of correspondence relating to this matter were included in the previous Board mailing.

MOTION: To ask the Education Committee to review the Pleasant Point paramedic program and to report their recommendations to the Board. (Dunwoody; second by Leach). Carried.

E. Other

Investigations

In the absence of enough members to conduct a meeting of the Investigations Committee, D. White reported to the Board about information received by Maine EMS alleging that John Sawicki photocopied questions from the National Registry examinations.

MOTION: To initiate an investigation in to activities conducted by John Sawicki as they relate to his copying material taken from the National Registry exams. (Little; second by Doughty). Carried.

6. Staff Report

A. Activities - Update

J. Bradshaw reported with an update about activity that had occurred since the HHS Office of Inspector General issued an advisory opinion about hospitals restocking ambulances. The OIG has significantly

revised their original opinion based upon information provided by AAA, NASEMSD, and other organizations. In addition, AAA and NASEMSD are proposing that HCFA formally provide "safe harbor" protection to hospitals who are providing this and other in-kind services without expecting it to result in the destination decisions of EMS providers. Congress may also consider a bill that would, by law, allow this same activity.

Jay also showed the Board the latest version of the EMS Health and Safety Manual. This document began with work that Rick Petrie had done and was considerably updated by Bill Montejo. Jay complimented Bill for his interest and attention to this project. The manuals are being distributed to each EMS service through the regional offices. One copy will be provided at no cost to each service, and one copy to each regional office. Additional copies will be available from Maine EMS at a cost of \$20 each.

Jay also reported that the Trauma Advisory Committee has met to discuss the implementation steps of the Trauma Plan. It is the intention at this point that a letter will go out to all EMS services and hospitals about the designation of three Trauma Centers. Additionally, almost every other hospital in Maine has submitted their application to be considered a Trauma System Hospital. Work also continues to improve the Trauma Registry data collection and reporting system.

B. MDPB Update

J. Bradshaw reported that at its January meeting, the MDPB discussed possible changes in the Aspirin protocol and decided the current protocol would remain as is. They also determined that the NuTrake was not an acceptable device for prehospital providers; they discussed the medical control signature on service licensing; and established a plan for updating the EMS Protocols.

There will be no February meeting. The next meeting of the MDPB will be on Wednesday, March 18, @ 9:30 AM.

C. Other

None at this time.

7. Other

A. April Meeting Date/Place

The next regular meeting is scheduled for April 1. This is also the day that the Maine Committee on Trauma will be holding their spring conference at CMMC. The focus of the MCOT meeting is the state's Trauma Plan. Given this conflict and the interest in having Board members attend the MCOT meeting, it was agreed that the April 1, Board meeting will be held at CMMC (Conference Room I), following the business luncheon (approximately 1:30 PM).

Meeting adjourned at 10:40 AM.